

## VOLUNTEER APPLICATION

NAME: \_\_\_\_\_ DATE \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

Have you ever received services from The LeeShore Center by phone or in person?

YES NO

IF YES, WHEN? \_\_\_\_\_

Have you or any member of your family ever been arrested for Domestic Violence? YES NO

Has a Protective Order ever been issued for you or any member of your family? YES NO

Would you like to receive The LeeShore Center newsletter? YES NO

## VOLUNTEER OPPORTUNITIES

Please check all of the following volunteer opportunities that interest you:

- |  |  |
|--|--|
| <input type="checkbox"/> Front Office Support                    | <input type="checkbox"/> Life Skills Advocate        |
| <input type="checkbox"/> Shelter Advocate Support                | <input type="checkbox"/> Handy Person                |
| <input type="checkbox"/> Sexual Assault Response Team Advocate   | <input type="checkbox"/> Board of Directors          |
| <input type="checkbox"/> Client Court Support                    | <input type="checkbox"/> Client Transportation       |
| <input type="checkbox"/> Child Care Assistance Program Assistant | <input type="checkbox"/> Volunteer Coordinator Asst. |
| <input type="checkbox"/> Donation Room Volunteer                 | <input type="checkbox"/> Court Observer              |
| <input type="checkbox"/> Seasonal Grounds Volunteer              | <input type="checkbox"/> Community Wide Events Asst. |
| <input type="checkbox"/> Fun Activities Leader                   | (Annual Run for Women, etc.)                         |

Appropriate training is provided for each volunteer position. Completion of all requirements of the Community Awareness Workshop is required for those volunteers who wish to work directly with clients. The workshop is held twice yearly, in April and October.

When will you be available to begin volunteering at The LeeShore Center? \_\_\_\_\_

How many hours a month can you commit to volunteer? \_\_\_\_\_

Days of the week you will be available to volunteer: MON TUES WED THURS FRI

## Confidentiality Policy

**It is the policy of The LeeShore Center to maintain client confidentiality. Clients are advised that at no time will information be released regarding their involvement in the program except for the following reasons:**

1. The client signs a written Release of Information form authorizing information to be released to a specific agency for a specific purpose. The form is person and time specific.
2. A court order compelling The LeeShore Center staff to release records.
3. LeeShore Center staff are mandatory reporters of known or suspected child abuse or vulnerable adult abuse.
4. In cases where staff believe there is eminent danger of injury to the client or to another person.  
**The following information will provide further guidelines on the issue of client confidentiality.**
  - A. No identifying information about clients (names, addresses, social security numbers, etc.) are to be revealed except within the confines of the program.
  - B. Discussing details of the case outside the confines of the program, even through names, addresses, and social security number are not revealed, is considered a breach of confidentiality.
  - C. The fact that a case has been made public through any of the news media does not alter the fact that the client still has confidentiality privileges. An orientation regarding confidentiality is conducted for all new staff and volunteers. Each new employee and volunteer will receive information on program confidentiality and will be asked to sign a confidentiality agreement. It is included in the agreement that should a staff person or volunteer breach confidentiality, they will be dismissed at the Executive Director's discretion.

## Confidentiality Agreement

I, \_\_\_\_\_, have received and read The LeeShore Center's Confidentiality Policy Summary. I agree to maintain client confidentiality as described in the summary. I understand that dismissal from paid or volunteer employment at The LeeShore Center may result if client confidentiality is breached.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## CODE OF ETHICS

The role of a volunteer is important in meeting the needs of The LeeShore Center. In volunteering my time and energy, I understand The LeeShore Center is not liable for payment to me for work I perform on a voluntary basis.

As a volunteer at The LeeShore Center, I realize that I am bound to a code of ethics similar to that which binds the paid staff members.

I will not discriminate against any individual, family, or group seeking The LeeShore Center services due to: race, handicap, sex, age, marital status, economic status, veteran status, sexual preference, religion, national origin, or political affiliation.

I will respect the privacy and safety of all agency clients by abiding to The LeeShore Center's confidentiality policy.

I promise to take to my volunteer work an attitude of open mindedness, to be willing to be trained for it, and to bring to it interest and attention. I believe that my attitude toward volunteer work should be professional.

I understand that should I not be able to be present for the time I have scheduled, I will give my supervisor prior notice of my absence.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

**Volunteer Application Interview**

1. How did you hear about The LeeShore Center Volunteer Program? \_\_\_\_\_

\_\_\_\_\_

2. Why would you like to volunteer at The LeeShore Center? \_\_\_\_\_

\_\_\_\_\_

3. Please list any qualities, talents, and hobbies that you would be willing to share as a volunteer:

\_\_\_\_\_

\_\_\_\_\_

4. In what environment do you prefer to work?

Independent     Office     With Children    Other: \_\_\_\_\_

Team work     Outdoors     With Adults

5. Please list any previous community volunteer work:

Agency: \_\_\_\_\_

Supervisor: \_\_\_\_\_

~~Dis~~ \_\_\_\_\_

Agency: \_\_\_\_\_

Supervisor: \_\_\_\_\_

~~Dis~~ \_\_\_\_\_

Agency: \_\_\_\_\_

Supervisor: \_\_\_\_\_

~~Dis~~ \_\_\_\_\_

**REFERENCES**

Please provide three references with your application. One of these should be a professional reference, which may include community volunteer work or work at your church.

NAME: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

RELATIVE? YES NO HOW LONG HAS THIS PERSON KNOWN YOU? \_\_\_\_\_

NAME: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

RELATIVE? YES NO HOW LONG HAS THIS PERSON KNOWN YOU? \_\_\_\_\_

NAME: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

RELATIVE? YES NO HOW LONG HAS THIS PERSON KNOWN YOU? \_\_\_\_\_